

APPLICATION FOR ADDITION OF A NEW PROGRAM(S) UNDER THE PROVISIONS OF TITLE 38, U.S. CODE Indicate *IHL (Degree) Program and/or **NCD (Non-degree) Program				
Name of School:				
Program Title:				
<input type="checkbox"/>	Circle Program Credential Awarded:	Certificate, Diploma, Associate, Bachelor, Master, Doctor, Other		
<input type="checkbox"/>	Program Length - Number of:	Days	Weeks	Months
<input type="checkbox"/>	Total Number of Hours:	<input type="checkbox"/> Clock	<input type="checkbox"/> Credit	Years
<input type="checkbox"/>	Effective Date:	Number of Hours:	Number of Hours:	
<input type="checkbox"/>	(Date you want program approved for Veterans Education purposes)			
<input type="checkbox"/>	Program Enrollment Limitation:	<input type="checkbox"/>	Tuition Rate Per Program/Term:	\$
<input type="checkbox"/>	(For NCD Programs Only)			
The following additional staff will teach this/these program(s):				
The following new equipment will be needed/is now in place:				
This/these program(s) will be offered at the main campus:				
This/these program(s) will <input type="checkbox"/> will not <input type="checkbox"/> be offered at the following established branches:				
Enclose three (3) copies of Course Description, Course Outline, Class Schedule, and Catalog Addendum for each new program.				
Program Title:				
<input type="checkbox"/>	Circle Program Credential Awarded:	Certificate, Diploma, Associate, Bachelor, Master, Doctor, Other		
<input type="checkbox"/>	Program Length - Number of:	Days	Weeks	Months
<input type="checkbox"/>	Total Number of Hours:	<input type="checkbox"/> Clock	<input type="checkbox"/> Credit	Years
<input type="checkbox"/>	Effective Date:	Number of Hours:	Number of Hours:	
<input type="checkbox"/>	(Date you want program approved for Veterans Education purposes)			
<input type="checkbox"/>	Program Enrollment Limitation:	<input type="checkbox"/>	Tuition Rate Per Program/Term:	\$
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<input type="checkbox"/>	Program Length - Number of:	Days	Weeks	Months
<input type="checkbox"/>	Total Number of Hours:	<input type="checkbox"/> Clock	<input type="checkbox"/> Credit	Years
<input type="checkbox"/>	Effective Date:	Number of Hours:	Number of Hours:	
<input type="checkbox"/>	(Date you want program approved for Veterans Education purposes)			
<input type="checkbox"/>	Program Enrollment Limitation:	<input type="checkbox"/>	Tuition Rate Per Program/Term:	\$
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This/these program(s) will <input type="checkbox"/> will not <input type="checkbox"/> be offered at the following established branches:				
Enclose three (3) copies of Course Description, Course Outline, School Calendar, and Catalog Addendum for each new program.				
Signature of School Official and Date:				
Signature				
Date				
Send to Program Director, Private Postsecondary Career Schools and Veterans Education, Nebraska Department of Education, P.O. Box 94987, Lincoln, NE 68509-4987				

Please print on legal size (8.5 x 14") paper